

**FILED AUG 10 1941**

Registration District No. 579

Primary Registration District No. 1002

Registrar's No. 2191

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution 2929 Park  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Unknown  
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Tobie Gilgus Gädler

3. (b) If veteran, name war                      3. (c) Social Security No.                     

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Gädler 6. (c) Age of husband or wife if alive 82 years  
7. Birth date of deceased 1860  
(Month) (Day) (Year)

8. AGE: Years 8-1 Months                      Days                      If less than one day hr.                      min.                     

9. Birthplace 4 Poland  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Aaron Schlesinger  
13. Birthplace 4 Poland  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace 4 Poland  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Gädler

(b) Address 2929 Park

17. (a) Buried (b) Date thereof 7-1-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel

18. (a) Signature of funeral director                     

(b) Address 2738 Phaspet

19. (a) 7-1-41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2929 Park  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 51 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30 day June  
year 1941 hour                      minute                      M.                     

21. I hereby certify that I attended the deceased from 15 1940 to 6.30 1941;  
that I last saw him alive on 6.30 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Heart disease Duration years

Due to                     

Due to                     

Other conditions                       
(Include pregnancy within 3 months of death)

Major findings: Of operations                     

Of autopsy                     

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)                       
(b) Date of occurrence                       
(c) Where did injury occur? (City or town) (County) (State)                       
(d) Did injury occur in or about home, on farm, in industrial place, in public place?                     

While at work? (Specify type of place) (e) Means of injury                     

23. Signature Harry C. Lorn (M. D. or other)                       
Address 1103 Main Date signed 7-1-41

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**